



COLORADO

Department of Health Care
Policy & Financing

Fingerprint Criminal Background Check

May 2018

What is fingerprint criminal background check and why is it required?

Federal regulations (42 CFR 455.434) established by the Centers for Medicare and Medicaid Services (CMS) require enhanced screening and revalidation of all Medicare, Medicaid, and Children's Health Insurance Program providers. Fingerprint criminal background checks are based on the level of screening for risk of fraud, waste and abuse as determined for that category of provider type.

Does every provider and/or owner need to participate?

No. Only high-risk provider types must comply.

I am already enrolled with Health First Colorado (Colorado's Medicaid Program) or Child Health Plans *Plus* (CHP+) as a high-risk provider; does this apply to me?

Yes, fingerprint criminal background checks apply to both existing and new enrollments.

Who needs to complete the fingerprint criminal background check process?

Per state and federal regulations, any entity enrolling as a provider type designated as high categorical risk **and** any person with five percent (5%) or more ownership or control interest in a provider designated as high categorical risk, must consent to criminal background checks and submit a set of fingerprints within 30 calendar days upon request from the CMS, the Colorado Department of Health Care Policy & Financing (the Department), the Department's agents, or the Department's designated contractors.

The five percent (5%) ownership threshold applies to all forms of organizations, including partnerships.

Which provider types are in the high-risk category?

Provider types designated as high categorical risk:

- Enrolling Durable Medical Equipment suppliers
- Enrolling Home Health agencies
- Enrolling Personal Care Agencies providing services under the state plan
- Enrolling providers of the following services for Home and Community Based Services (HCBS) waiver clients:
 - Assistive Technology
 - Homemaker

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf



- Personal Care
- Specialized Medical Equipment and Supplies
- In-Home Support Services
- Providers for whom the Department imposes a payment suspension based on credible allegation of fraud, waste, or abuse, for the duration of the suspension
- Providers the Department has identified as having a delinquent debt owed to the State, not including providers currently under a settlement or repayment agreement
- Providers that have previously been excluded by the Health and Human Services (HHS) Office of Inspector General, had their provider agreement terminated for cause by the Department, its contractors or agents, or another State's Medicaid program within the previous 10 years
- Providers applying for enrollment within six (6) months from the time that the Department or CMS lifts a temporary enrollment moratorium on the provider's enrollment type

Do all employees of a high-risk provider need to comply?

Not necessarily. Only individuals enrolled as a high-risk provider or with a five percent (5%) ownership interest must comply.

What if I have more than one enrollment and different risk levels for each?

Providers with multiple enrollments and risk levels will be screened at the highest risk level.

What if I have an ownership stake in multiple provider agencies?

Individuals only need to provide fingerprint cards once, and the information will apply to all applicable enrollments.

I am currently in the process of selling my business. Do I still need to comply?

Yes. Any person with five percent (5%) or more interest must comply until the business or ownership interest has sold.

I have sold my ownership in the business, or I am no longer a part of this business. How do I get removed from the list of owners?

Access the Provider Web Portal and click "Provider Maintenance" to update the ownership of the entity immediately. For more information, refer to the [Provider Maintenance Quick Guide](#).

When does fingerprint criminal background check begin?

Notifications will begin in May 2018 for high-risk provider types. Individual providers or persons with five percent (5%) or more direct or indirect ownership interest in a high-risk provider type must submit fingerprints to DXC Technology (DXC). Individuals who must submit fingerprints can begin submitting April 1st, 2018.



How will I be notified when the process begins?

Notification letters will be mailed via United States Postal Service (USPS).

Is there a specific form or format for submissions?

Yes. Providers should use the FD-258 card, which is the standard form the Federal Bureau of Investigation (FBI) uses across states. All individuals are advised to call their local law enforcement agency for availability, cost and acceptable forms of payment. [Information on local Colorado law enforcement agencies across the state can be found here.](#)

Where do I go to get my fingerprints taken?

Individual providers or persons with five percent (5%) or more direct or indirect ownership interest in a high-risk provider type obtains their fingerprints on the FD-258 card from their local law enforcement agency – Police Department or Sheriff's Department. All individuals are advised to call their local law enforcement agency for availability, cost and acceptable forms of payment. [Information on local Colorado law enforcement agencies across the state can be found here.](#)

Is there a cost to me?

There is a fee for the law enforcement agency to perform the fingerprinting. All individuals are advised to call their local law enforcement agency for availability, cost and acceptable forms of payment. [Information on local Colorado law enforcement agencies across the state can be found here.](#)

Can I use a private company to collect my fingerprints?

Yes, as long as the fingerprints are collected on a FD-258 fingerprint card and includes all of the required information. No electronic fingerprint cards will be accepted.

Where do I send my fingerprint card?

The original completed fingerprint card(s) must be submitted. Copies, faxes, emails and electronic versions are not acceptable. The original fingerprint criminal background check cards can be mailed to:

DXC Technology
Attn: Provider Enrollment-Fingerprinting
P.O. Box 30
Denver, Colorado 80201

What is the best way to submit my fingerprint card?

You can mail your fingerprint card via U.S. Mail. It is advised to get a tracking number for the card. The Department is not responsible for cards not received within 30 calendar days from date of request.



How long does it take to process my fingerprints?

Allow 30 calendar days from the date the Department receives the fingerprint criminal background check card(s) for the process to be completed.

What if there are problems with my fingerprints and a replacement set is required?

If the fingerprint card submitted is poor quality, smudged or for any reason unusable, the individual will be notified of next steps. A replacement FD-258 card will be required for submission.

I live outside of Colorado. Do I have to be fingerprinted?

Yes, all providers and owners participating in Health First Colorado or CHP+ must meet this requirement. The FD-258 cards are standard across states, but should be submitted to DXC to comply with the requirement in Colorado.

I live outside of Colorado. How will my background be checked?

Providers who live outside of Colorado still must submit their fingerprint cards to DXC. DXC will forward the card to the Colorado Bureau of Investigation (CBI) and the background check will then be conducted. The process does not change for out-of-state providers.

How will I be notified of the results?

Individuals will not be notified directly upon passing fingerprint criminal background check. Enrollments and revalidations will continue processing once an individual enrolling as a provider type designated as high categorical risk, and each person with five percent (5%) or more ownership or control interest in a provider designated as high categorical risk have completed and passed the fingerprint criminal background check process.

What if I fail the fingerprint criminal background check or don't want to participate?

Individuals that are required by law to participate in the fingerprint criminal background check process may be denied or terminated for failure to comply.

I have already completed the fingerprint criminal background check process for Medicare or another state's Medicaid program. Why do I have to complete this process again?

If you are required to complete the fingerprint criminal background check process and have already done so with Medicare or another state Medicaid agency, please complete the [Fingerprint Criminal Background Check Other State/Medicare Information Form](#).



The Department will verify fingerprint criminal background check completion for Medicare via the Provider Enrollment, Chain, and Ownership System (PECOS). The Medicare enrollment must be in an approved status and must indicate a 'completed pass' result within the last five years to be valid.

The Department will similarly verify fingerprint criminal background check completion with other state Medicaid agencies. If verification cannot be confirmed in PECOS or through another state Medicaid agency within 10 business days, then fingerprints will be required.

Fingerprint criminal background check links and documents

[Colorado law enforcement agencies across the state](#)

[Colorado Bureau of Investigation Privacy Notice](#)

[Colorado Bureau of Investigation Notice to Applicants](#)

What fields are required for the FD-258 fingerprint cards?

The required fields on the FD-258 card are listed below. If all required fields are not completed, the FD-258 card will be returned and will not be processed. Required fields are:

- Last Name, First Name, Middle Name



TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME	NAM	FIRST NAME	MIDDLE NAME
ALIASES, AKA			

- Signature of Person Fingerprinted



FD-258 (REV. 12-10-07)

SIGNATURE OF PERSON FINGERPRINTED	ALI
RESIDENCE OF PERSON FINGERPRINTED	

- Date of Birth (DOB) – Month, Day, Year



DATE OF BIRTH	DOB
Month Day Year	
PLACE OF BIRTH, DOB	

- Date & Signature of Official Taking Fingerprints



DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS
EMPLOYER AND ADDRESS	



- Sex, Race, Height (HGT.), Weight (WGT.), Eyes (Color), Hair (Color), Place of Birth (POB)

SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH	POB
-----	------	------	------	------	------	----------------	-----

- Social Security No. (SOC)

SOCIAL SECURITY NO.	SOC
MISCELLANEOUS NO.	8 21111

- 1. R. Thumb, 2. R. Index, 3. R. Middle, 4. R. Ring, 5. R. Little

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE

- 6. L. Thumb, 7. L. Index, 8. R. Middle, 9. R. Ring, 10. R. Little

6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

- Left Four Fingers Taken Simultaneously, L. Thumb, R. Thumb, Right Four Fingers Taken Simultaneously

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



NOTE: Leave the ORI, Employer and Address, Reason Fingerprinted fields blank.

O R I						DATE
	SEX	RACE	HGT.	WGT.	EYES	HAIR
						PL

EMPLOYER AND ADDRESS
REASON FINGERPRINTED

Full Card Image

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK																
				LAST NAME NAM FIRST NAME MIDDLE NAME																				
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		O R I																				
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP CTZ		SEX RACE HGT. WGT. EYES HAIR		DATE OF BIRTH DOB Month Day Year																		
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	YOUR NO. OCA		PLACE OF BIRTH POB																				
		FBI NO. FBI		LEAVE BLANK																				
		ARMED FORCES NO. MNU		CLASS																				
REASON FINGERPRINTED		SOCIAL SECURITY NO. SOC		REF.																				
		MISCELLANEOUS NO. MNU																						
<table border="1"> <tr> <td>1. R. THUMB</td> <td>2. R. INDEX</td> <td>3. R. MIDDLE</td> <td>4. R. RING</td> <td>5. R. LITTLE</td> </tr> <tr> <td>6. L. THUMB</td> <td>7. L. INDEX</td> <td>8. L. MIDDLE</td> <td>9. L. RING</td> <td>10. L. LITTLE</td> </tr> <tr> <td colspan="2">LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY</td> <td>L. THUMB</td> <td>R. THUMB</td> <td>RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY</td> </tr> </table>										1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE	6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE	LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE																				
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE																				
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY																				

Leave the ORI field blank.

Leave the Employer and Address & Reason Fingerprinted fields blank.

